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ABSTRACT

Meeting at Massachusetts state residential schools and centers for the mentally handicapped, the 15-man committee reviewed recommendations originally appearing in Massachusetts Plans for Its Retarded, A 10-Year Plan (1966). Forty-seven final recommendations for improving residential facilities for the retarded resulted; suggestions made for their implementation involved either administrative measures, internal balancing of staff, or new funds or legislation. Formation of a standing committee on improvement of residential schools was proposed. The philosophy and procedures of the committee are presented; recommendations and suggestions are listed. (JD)

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Commonwealth of Massachusetts

Massachusetts Department of Mental Health

"A PLAN TO IMPROVE RESIDENTIAL SCHOOLS AND CENTERS FOR THE MENTALLY RETARDED"

by

William A. Fraenkel, Ph.D., Chairman,

Committee On Improvement Of State Schools And Centers

Assistant Commissioner for Mental Retardation

February 6, 1969

Boston, Massachusetts

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Now the official document of the Division of Mental Retardation, this report was prepared by the Chairman, Dr. William Fraenkel, when he was appointed by Dr. Burton Blatt. Since that time, Dr. Blatt has returned to Boston University and Dr. Fraenkel has replaced him as Assistant Commissioner. Dr. Melvin Cohen has been appointed to chair the Implementation Committee for this report. Together, we are all available to explain or clarify any part of this document to all those interested in its implementation.

PREAMBLE

Massachusetts has as of this writing 5 State Schools for the mentally retarded: Belchertown, Fernald, Hathorne, Wrentham and Dever. In addition, it operates two Rehabilitation Centers, the Rutland Heights Mental Health Rehabilitation Center and the John T. Berry Rehabilitation Center. Approximately 7500 citizens from Massachusetts obtain services from these schools and centers.

PL 735 passed in late 1966 calls for the establishment of regional centers for the mentally retarded. The State Schools are all destined to be transformed into comprehensive centers for the mentally retarded. Hathorne will be the first such Center. This report and the recommendations contained within have been proposed with this in mind. We recognize the vast transformation that has to be achieved on both administrative and program levels in order to make these transitions possible. The Committee is of the opinion that the necessary changes can be accomplished on 3 routes:

I. Implementation can be achieved by the School Superintendents or Center Directors through administrative procedures.

II. Implementation can be achieved through internal transfer of positions (blocks) or funds.

III. Implementation can be achieved through new legislations which may or may not require new funds.

In review, the Committee recognizes the need for a careful reading and studying of this report. It suggests the calling of many meetings and conferences, and seminars on the proposals with the broadest possible representation for the desired change to be effected. To implement these proposals will be no easy task and undoubtedly will call for new thinking and a reevaluation and a reassessment as to the best ways in which to provide top quality patient care.

Besides essential studies and research into cause and prevention carried out in our State Schools and Centers, more adequate treatment and human care, there has to be suitable educational, recreational, or activity programs as well as adequate work programs for every individual, without exception. If a child can only turn his head then he should be able to turn his head in a cheery room with pleasant surroundings and under the most comfortable conditions; if a child can only raise his hand then his hand should be able to touch a toy he can play with, activate some game or other thing that gives him pleasure, further motivation and stimulation; if a child can only move his eyes then there must be something provided for him to see.

COMMITTEE MEMBERSHIP AND AFFILIATION

Leo J. Alessandrini, Director of Social Work Services, Hathorne State School

Mrs. Geraldine H. Baker, Director of Education and Training, Belchertown State School

Kenneth L. Bilodeau, Principal, Fernald State School

Benoit H. Charland, School Principal, Hathorne State School

Melvin Cohen, Ed.D., Mental Retardation Administrator, Region III, Department of Mental Health, current Chairman of Committee to implement this report

William A. Fraenkel, Ph.D., (Chairman) Region IV, Mental Retardation Administrator, Department of Mental Health current Assistant Commissioner for Mental Retardation

Harry Halliday, Mental Health Coordinator, Rutland Heights Mental Health Rehabilitation Center

Edward Hinkle, Institution School Principal, John T. Berry Rehabilitation Center

Anne H. Lewis, M.D., Superintendent, Paul Dever State School

Robert J. O'Keefe, Supervisor in Education, Paul Dever State School

Josephine Stradley, R.N., Director of Nurses, Paul Dever State School

Mrs. Esther Taube, O.T.R., Head Occupational Therapist, Wrentham State School

Paul E. Touchette, Ed.D., Director of Education and Training, Fernald State School

Mrs. Marion Wardsworth, R.N., Assistant Director of Nurses, Belchertown State School

Walter A. White, Director of Education and Training, Wrentham State School

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(Each of the Committee members in his or her position carries considerable responsibility and comes to the assignment with the highest professional credentials. Most members have achieved a masters degree level or above with some going on to their advanced degrees. They all have recognition in their respective professional affiliations and organizations.)

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CHARGE!

Dr. Burton Blatt, Assistant Commissioner for Mental Retardation, asked me to accept the Chairmanship of a "Committee charged with the responsibility for recommending standards and program development plans for education, training, and habilitation of residents in our State Schools for the mentally retarded".

He informed me in early May 1968 that the Committee would have to complete its assignment by early November 1968 so that the final report and Committee recommendations could be presented to the Commissioner of Mental Health and then to the Governor of the Commonwealth, before 1969.

In typical Burt Blatt fashion, he wouldn't budge an inch, though I did try to extend the deadline date to early December.

A list of some 25 names of key people, well experienced in the administration and operation of mental retardation programs, services and facilities both residential and community oriented were carefully screened by Dr. Blatt and myself for Committee membership. A final selection resulted in 15 persons appointed to the Committee, including the Chairman.

The spirit in which the Committee members assumed their responsibilities was exhilirating and enthusiastic. Though each member had a terribly busy schedule, they nonetheless made almost every meeting with perfect attendance and never lost their ability to plunge right into the work that had to be done. It was indeed an experience for me to have participated with such talented and highly motivated colleagues. Something happened along the way that bound us together in an effective, cohesive, hard-working group. Friendships were formed and the "esprit de corps" that developed added greatly to our effectiveness.

I wish to thank all of them for sharing their ideas and offering their best judgements and suggestions to help improve Massachusetts residential schools and centers. Special thanks go to Mel Cohen who was of great assistance to me. His knowledge of governmental affairs was most useful. Walter White is to be commended for his philosophical statement "Let's Tell It As It Is" which he wrote for the Committee. He also wrote the Epilogue "The Grass Is Longer In The Backyard".

William A. Fraenkel

COMMITTEE PROCEDURE

At the start of our assignment, Dr. Blatt, "charged us all" with an eloquent and thoughtful directive "to be bold, innovative, yet propose realistic program changes and other necessary changes that would enable every patient in Massachusetts in need of residential care to receive the service he needed". We were asked to think of the present and immediate future, as well as, to think ahead 5-10 years with regard to desired changes.

The Committee then proceeded to review what it considered to be their responsibility and modified the original charge so that it was more in line with its thinking and reflected the Committee's estimate of what it thought it could achieve.

The Committee recognized that volumes and volumes of books and articles and pamphlets had been written on the subject, but what was needed now "was how to effect the changes needed". It was therefore agreed that we would have to attempt to translate the "ideal" into "reality".

We set about to review what the Commonwealth had already proposed in its prior plans so that earlier recommendations could be properly implemented at this time. "The Massachusetts Plans For Its Retarded, a 10-Year Plan," the Report of the Massachusetts Mental Retardation Planning Project which was submitted to Governor Volpe by Dr. Harry C. Solomon, former Commissioner, Department of Mental Health, December 1, 1966, was selected and reviewed by the Committee. Out of this report was culled 49 recommendations under the heading "Reorganizing Residential Programs".

The Committee further analyzed these 49 recommendations and established 2 sets of priorities for implementation under the broad categories, A requires program-manpower, and B requires administrative, legislation and financing. The Committee then physically divided itself into 2 Task Forces - A and B. Task Force A elected Mr. O'Keefe, Chairman, and Mrs. Baker, Co-Chairman. Group B elected Mr. Halliday, Chairman, and Mr. White, Co-Chairman. Mr. Bilodeau replaced Mr. Halliday at a later date at the request of Mr. Halliday who had an unexpected additional job responsibility requested of him which prevented him for continuing on as Chairman, though he continued actively as part of the Committee.

The Committee agreed to meet 9 times throughout the State at the following locations:

Continuation - Committee Procedure

DATE	Meeting Place
June 18	15 Ashburton Place, Boston, Mass.
July 2	John T. Berry Rehabilitation Center
July 23	Rutland Heights Mental Health Rehabilitation Center
August 6	Hathorne State School
August 27	15 Ashburton Place, Boston, Mass.
September 18	Wrentham State School
October 9	Belchertown State School
October 23	Dever State School
November 13	Fernald State School

The purpose in meeting throughout the state was to, not only visit the various schools or centers, but to see first-hand the facilities and observe some of the problems. We also wanted to keep our thinking "reality oriented" and not propose our recommendations from the Central Office without being aware of some of the conditions that we were hoping to correct or improve. At each location visited, we invited the Superintendent or Director to present what he or she felt was a significant problem or achievement which the Committee might want to become more aware of.

SUMMARY OF PRESENTATIONS MADE

John T. Berry Rehabilitation Center

Dr. Riemer stimulated the Committee when she informed them of her successes at the Center. Her interest in developing a sheltered workshop will require further deliberations.

Rutland Heights Mental Health Rehabilitation Center

Mr. Halliday requested assistance on ways in which to expand the Center's job training program. Further thought needs to also be given to the matter wages might be paid to trainees.

Hathorne Regional Center (Proposed)

Dr. deHaas dealt with the unit system and the problem of instituting changes in an outmoded system.

Wrentham State School

Dr. Meshorer addressed himself to the question of high absenteeism and employee turnover; reducing the census and the matter of introducing cottage-life in the Regional Center.

Belchertown State School

Mrs. Baker spoke about the difficulty in obtaining needed LPN's and attendant staff; administrative authority in relation to absences due to questionable illnesses and how to reduce their census indicating there are some 400 "extra patients".

Paul Dever State School

Dr. Lewis and Mr. Healey presented the way in which unitization of a children's service was accomplished through a HIP grant.

Fernald State School

Dr. Malcolm Farrell spoke on the value of functional units to increase patient care services.

As indicated, further thought and consideration has to be devoted to some of these questions since the specific recommendations the Committee proposes do not deal directly with some of these issues.

For better or for worse, the Committee worked under considerable pressure since it was formed in May 1968 and was asked to complete this report by mid-November. In one sense, the pressure of time and deadlines to be met may have been a blessing in disguise for the Committee was quick to sense the urgency of completing its task, thereby eliminating all extraneous matters from its deliberations.

"LET'S TELL IT AS IT IS"

(A Statement of Philosophy)

The Committee expresses its appreciation to all those who have assisted in the work of this report. Especially it must recognize the residents and day trainees at the facilities operated by the Department of Mental Health who were and are constantly the focus of our deliberations and whose standard of care constantly prodded our discussions. These, individuals all, are the unknowing precursors of the changes needed and recommended by both the original Task Force Committees and reaffirmed by the present Committee and this report.

Likewise, the employees at all levels of administration and service within these facilities gave indication of the desire and the potential advantages of needed change within the facilities. A growing awareness and understanding of the basic discrepancies of "preparation for life", now impossible to provide for the mentally retarded, is especially noted by those who have and who continue to work effectively and positively in spite of inadequate facilities and services.

The fact that these facilities and their employees should be commended for attempting to function effectively within the present structure does not detract from the decreasing level of effectiveness which occurs if custodial care and institutionalization continue to prosper while the personal, social, and economic values of the individuals concerned are consistently denied.

The present Committee found great wisdom in both the summary content and the recommendations within the "Massachusetts Plans for its Mentally Retarded" 1966 report. Certainly our personal involvement within the various facilities aided each of us, in a different way, to recognize the pressing need for change if our work is to continue to be progressive and effective. Equally important was the diversity of our roles and functions (both professionally and within the structure of the different facilities) which established our belief in the positive capacity of the facilities to institute necessary changes.

To ineffectively utilize present facilities is to relegate even more severe financial, administrative, and humanitarian problems to the future. Surely, the years of propounding the inadequacies of education and training services for thousands of citizens has developed a creeping degeneration. As we cross off citizens from even a limited improvement in self-help, self-care, independence and productivity then we continue to regress in services. Soon we do indeed find thousands of mentally retarded persons who are completely incapable of participation in our society because we have fostered their dependency and inactivity in an environment that has become static and stale.

Continuation - "Let's Tell It As It Is"

The Committee recognized the leadership of our Commonwealth in past history of service and training of the mentally retarded. We now suffer from arteries which have hardened as if we have now become "expert" in our institutions. The form and structure has followed the most creative thinking available during the times past. Has it become institutionalized? Current thought and research identifies our residential facilities as factories providing some measure of basic human care and token services in education training, psycho-social development or rehabilitative services. These facilities, as in many other states, are generally in a state of disrepair and clearly obsolete; an obsolescence occuring through the same causes as those which we seek to change.

Large residential buildings, housing far too many beds and trainees, and totally impersonal facilities for eating, personal hygiene, and other necessities of daily living. In most units, it is impossible for trainees to experience the satisfaction, motivation, and learning, inherent in the accumulation of even basic personal possessions, since there is no provision, (nor physical space), for trainees to have their own possessions.

The mentally retarded trainees currently residing within the state facilities have a potential for further training and service. It is difficult to establish the training needs or the approach to training that would provide appropriate and comprehensive results. It is a certainty, however, that for these mentally retarded individuals to develop their capacities they require long-term assistance in areas of experiential training. They require specialized services and knowledge which are the function of trained and qualified occupational therapists, recreational therapists, speech and hearing therapists, special class and special subject teachers and related disciplines. We commend attempts to increase the capacity of the nursing service personnel to provide increased growth and development programs in the areas of the mental retardate's living situation, but more is needed.

The Committee considers that well trained specialists are needed and that the solution is to expand the role of education and training personnel into the total environment of the state facilities. This would serve to correct the current differences which often occur because education and training programs operate in a vacuum. That is, the programs provide periods of class or therapy activity but have no general involvement or responsibility to create experiential learning in a therapeutic and training environment outside of this limited intrusion in institutional life.

Continuation - "Let's Tell It As It Is"

The Committee has indicated, in commentary regarding the various recommendations, its degree of agreement within various areas of needed change. In certain tenets the Committee is strongly partisan to a particular viewpoint. We endorse the work of the Task Forces and the excellent diagram provided in the original report. We note the need for further development of comprehensive plans for pre-vocational and vocational training as an additional aspect of total education and training.

Massachusetts especially has the ability to acknowledge and to provide for the basic individual rights of every citizen. Those presently working in the facilities can increase their services to the mentally retarded if we give them the orientation and the tools and materials necessary for developing adequate residential and day care training programs.

RECOMMENDATIONS

The following 49 original recommendations were carefully reviewed by the Committee with the methods for implementation indicated. Recommendations #29, 40 and 41 were combined to form one new recommendation. In total, there are now 47 final recommendations with suggestions for their implementation offered.

The numbers of the recommendations start with 29 and end with 128. They refer to the original recommendations found in "Massachusetts Plans For Its Retarded" (the Report of the Massachusetts Mental Retardation Planning Project) pages 56, 57, 78-114, and page 90.

There are three major groupings of recommendations as to designations. I, refers to those that the Committee feels can be implemented primarily through administrative measures. II, refers to those proposals it is felt will require internal balancing of staff positions. III, refers to those recommendations that require both new funds and new legislation. After each suggestion for implementation will be found the designated category I, II, or III.

Grouping	Number of Recommendations
I	25
II	16
III	19

In some instances, more than one recommendation called for two groupings. In most instances, it is to be noted that the implementation or recommendations can be done through administrative action.

RECOMMENDATION #29*

State residential schools for the retarded should be reorganized to stress individualized developmental and social growth programs for residents. Reflecting this change, state schools should be renamed and called Regional Residential Centers for the Retarded.
(See *) (II, III)

RECOMMENDATION #30

Semiautonomous functional units should be established and organized according to age groups and extent and nature of capabilities and handicaps. Two primarily medical units should be established, a Hospital Unit and an Infirmary Unit. Three primarily nonmedical units should be established, a Children's Unit, an Adolescent Unit and an Adult Unit.

IMPLEMENTATION

The Committee supported this recommendation and set forth three proposals for its implementation.

a) That there be sufficient and proper administrative structure to provide for the proposal made.

b) That there be an initial and subsequent evaluation and reevaluation of all persons for program purposes.

c) That there be a careful review of the present utilization of physical plant and staffing regarding present populations served in accordance with AAMD Standards of Care. (I)

RECOMMENDATION #31

A new position of Assistant Superintendent for Social Development, Education and Training, should be established to supervise all nonmedical functional units and to provide consultation for social development programs to hospital and infirmary units.

IMPLEMENTATION

The Committee fully supports this recommendation and considers it of highest priority and importance. (III)
See August 29, 1968 in Appendix "A".

RECOMMENDATION #34

New positions of Directors of Functional Units should be established to supervise and coordinate an integrated program for developmental needs of residents in the functional units.

IMPLEMENTATION

Specifics as to role and function need to be worked out (III)

RECOMMENDATION #35

Qualified and upgraded Building Supervisors should develop homelike social programs under the direction and supervision of unit directors to permit and encourage the development of small friendship groups within which residents can identify with a small, stable family-like group.

IMPLEMENTATION

Department of Mental Health is actively engaged in implementing this recommendation. (I)

RECOMMENDATION #37

An implementation team should be formed in each Regional Center for the Retarded consisting of the superintendents and other key medical and program staff and department heads to arrange the steps of transition from the present institutional structure to the functional unit structure. Transitional phases for each residential center will vary in duration, depending upon the multiplicity of factors involved in any change of this dimension.

IMPLEMENTATION

a) Formation of Superintendent's Advisory Council, composed of key staff including psychologist, social worker, educator, physician, nurse, who meet bi-weekly to discuss implementation of the unit team approach and functional units.

Alternate weeks, key staff meets without Superintendent present to work through interdepartmental interdisciplinary problems on implementation.

Department Heads meet with supervisors who then meet with matrons and attendants for the same purpose.

In all such meetings, the effectiveness of the unit team implementation can be measured by the amount and kind of involvement of the Superintendent.

or

b) Superintendent's weekly staff meeting to discuss unit team program.

Establishment of a day training program.

Formation of resident training program on a 5-day week basis.

Formation of 7-day week resident training program.

Promotion of joint program combining the day training and resident training groups.

The goal for the unit team approach is to eventually program for every patient.

or

c) An initial planning meeting with the Superintendent for preliminary discussion and planning for functional units.

Meeting with representatives or inter-disciplinary staff departments (those who will form the advisory committee to the functional unit director).

Appointment of a Unit Director who will report directly to the Director of Education and Training until the appointment of an Assistant Superintendent of Social Development, Education and Training. (Appointment of the Unit Director would be made by utilizing a currently available position and appointing a Unit Director in lieu of).

The Unit Director would be in complete charge of all staff assigned to the functional unit.

The Unit Director and Advisory committee, (composed of the Department Heads of such services as Psychology, Nursing, Social Work, and Education and Training) would assist in the Unit and Team planning for each resident-trainee.

or

d) Superintendents team meeting to set stage for support of unit team approach to patient care with Superintendent's eventual approval and support elicited.

Interdisciplinary team meetings to discuss implementation of unit team concept.

In lieu of block being filled by Assistant Superintendent for Social Development, most qualified and interested and able key staff member to fill position and be responsible directly to the Superintendent until unfilled block is approved. (I)

RECOMMENDATION #39

Complementary positions for consultants for the recommended functional units - medical services, children's services, adolescent services and adult services - should be established in the central office of the Division of Mental Retardation to assist each Regional Center in developing and implementing its functional unit plan.

IMPLEMENTATION

The Committee recommended the establishment of 4 Program Analyst position blocks similar in nature and responsibility to those operating in New York State to all be assigned to the Central Office for statewide consultation in the areas of medical services, children's services, adolescent services and adult services. It was suggested that appropriate persons be sought with sufficient education, training and experience to qualify for such positions and that they be requested in the 1970 supplementary budget. (III)

RECOMMENDATION #40*

Each Regional Center for the Retarded should provide for the area in which it is located a wide variety of community services, such as consultation to local agencies and services on problems of home care, education, training, placement. It should provide a day program consisting of vocational training and day care for the retarded of the area who live at home. (II) (See *)

RECOMMENDATION #41*

Areas in a given region should look to the Regional Residential Center to provide specialized diagnostic and evaluative services, short and long term residential care and other forms of consultation and services which an area may not be able to provide. (II) (See *)

*Recommendations #29, 40 and 41 were separately reviewed and subsequently placed together as one major recommendation with #29 becoming the recommendation followed by #40 as section A and 41 as Section B.

It was proposed that the following 12 items all be included in order for a State School to be designated as a Regional Residential Center:

1. Diagnosis and evaluation and preventative services.
2. Treatment services.
3. Training services.
4. Educational services.
5. Personal care services.
6. Prevocational services.
7. Vocational services.
8. Rehabilitation services.
9. Recreational services.
10. Other leisure time.
11. Consultation and information.
12. Research.

It was also thought that though the goal of 4 patients served in the community to 1 at the Center was desirable, some State Schools might require longer periods of time to achieve this goal. Therefore, it was recommended that State Schools show evidence that they are moving toward the 4 to 1 ratio and that yearly review of progress in this direction be made so that in shortest time period possible, all State Schools might be enabled to make the changeover. Additional Advisory Residential Committee Implementation Assistance was proposed be offered to those State Schools requesting or in need of such help.

RECOMMENDATION #78

Multidisciplinary teams from the fields of education, psychology, medicine, social work and rehabilitation should make individual evaluations of the learning potential and progress of all residents of regional centers at three year intervals while they are attending school, and periodically thereafter. Additional staff required will cost approximately $164,000 annually for the four regional centers.

IMPLEMENTATION

The Committee urges an epidemiological study be undertaken in all State Schools and that within one year after adoption of this report, every State School provide to the Assistant Commissioner for Mental Retardation appropriate evaluation information on every resident so that proper programs and services may be inaugurated. It was recognized that the $164,000 proposed for this purpose would fall far short of the mark and that three times the amount would be necessary to get this vital job done. (I, III)

RECOMMENDATION #79

Academic, social, recreational and leisure time activities, and where appropriate, vocational skills, should be taught regularly to every resident, between the ages of three and 21, except for special cases. This instruction should vary with the nature of the residents' abilities, the results of periodic evaluations and the recommendations of staff members who are in daily contact with the resident.

Educational services should be extended to those residents heretofore considered to be ineligible because of severe and profound retardation.

IMPLEMENTATION

It was proposed that the words "between the ages of 3 and 21, except for special cases" be removed, thereby offering all residents the services indicated. Furthermore, that there be an initial CERC team evaluation of all residents and subsequent annual reevaluation of all persons in programs through the comprehensive unit teams. (Where there are no CERC teams operating, comprehensive unit teams should be substituted.) (I, II)

RECOMMENDATION #80

"Homebound" academic instruction in residential areas should be provided for all residents between the ages of three and 21, if there are no medical contraindications, and residents are nonambulatory, chronically ill or otherwise unable to attend the regular school program.

It is estimated that approximately 400 residents would presently benefit from "homebound" academic instruction at all of the regional centers at an additional annual cost of approximately $150,000.

IMPLEMENTATION

The words "between ages 3 and 21," are to be eliminated thereby offering all residents homebound instruction in both educational and training areas. Homebound persons were identified as those residents unable to participate in the regular residential school activities because of ambulation limitations and/or physical or emotional problems of such a severe nature as to restrict their participation with others. Unit teams recommended for such assignments should be administered by the Head OT, RN and School Principal. (II, III)

RECOMMENDATION #81

Special subject teachers, as well as speech and hearing specialists, occupational therapists, physical therapists, recreational therapists and child development personnel should play a major role in the instruction and therapy of residents who are confined to their living areas, both by direct work with them, as well as by instructing attendants in carrying out some of these skills.

It is estimated that approximately 1,600 residents would presently benefit from "homebound" special subject instruction and therapy at all of the regional centers at an additional annual cost of approximately $250,000.

IMPLEMENTATION

The word "should" is to be replaced by the word shall thereby making the provision of such programs and services mandatory. (It was urged that a careful review be made in the determination of classifying patients "homebound" to insure that physical barriers for those who are physically disabled were properly noted and not used to classify such persons, who if such barriers were removed, could otherwise participate in activities.) (II, III)

RECOMMENDATION #82

Every attempt should be made to provide adequate room for instruction and therapy in residential areas, provided such use of the area will not deprive other residents of space needed for social living activities.

IMPLEMENTATION

The Committee is in full agreement and suggests that Superintendents work the space problem out with appropriate staff. (I)

RECOMMENDATION #83

Educational services should be made available for children who suffer from disabilities in addition to retardation, such as emotional disturbance.

Approximately 16 teachers should be employed to work with emotionally disturbed children in all of the regional residential centers at an approximate annual cost of $100,000.

IMPLEMENTATION

Implementation is a function of the Superintendent requesting budget for such positions. (III)

RECOMMENDATION #84

Children should not be excluded from school or other forms of educational services without the written approval of the superintendent of the regional residential center, based upon the complete evaluation and recommendations furnished by the Assistant Superintendent for Social Development, Education and Training. Children who are excluded should be reevaluated periodically to determine their readiness for readmission to the school program.

IMPLEMENTATION

The Committee is in full agreement and suggests that re-evaluations be done twice a year or less if required. That until the position recommended, Assistant Superintendent for Social Development, Education and Training, is made available, that the Director of Education and Training perform this function. (I)

RECOMMENDATION #85

As many residents as feasible should attend classes in the public schools of neighboring communities.

The Departments of Mental Health and Education should jointly work to implement this recommendation with the appropriate local school representatives.

IMPLEMENTATION

The Committee agrees with this recommendation and proposes that formal joint working relationships be established at the State level so that regionally and locally, Superintendents of State Schools will be able to plan effectively with Supervisors for Special Education in the region served. (II)

RECOMMENDATION #86

The Commonwealth should assume responsibility for reimbursing expenses incurred by local communities (for #85 above) by reimbursing them 100% for tuition expenses.

IMPLEMENTATION

The Committee is in full agreement and suggests that appropriate funds be considered for this purpose. (I, III)

RECOMMENDATION #87

The Commonwealth should assume responsibility for reimbursing expenses incurred by local communities (for #85 above) by reimbursing them 100% on a prorated basis, for the cost of capital construction for special classes for retarded children through the School Building Assistance Commission, Massachusetts Department of Education.

IMPLEMENTATION

The Committee is in full agreement and suggests that appropriate funds be considered for this purpose. (III)

RECOMMENDATION #88

Classroom nomenclature should be uniformly reclassified based on the following approximate chronological age divisions. Flexibility in placement should be retained.

	Years
Nursery	3-7
Primary Educable	7-10
Primary Trainable	7-10
Intermediate Educable	10-13
Intermediate Trainable	10-13
Prevocational Educable	13-16
Prevocational Trainable	13-16
Vocational Educable	16-21
Vocational Trainable	16-21
Adult Education	21 or older

IMPLEMENTATION

The Committee was in agreement with the chronological age division and categories indicated, but suggests that uniformity be established regarding the classification of pupils into educable and trainable classes. (The state school and community education programs need to be consistent.) (I)

RECOMMENDATION #89

Maximum enrollment in nursery, primary educable and primary trainable classes should usually not exceed 10 students, or 12 students if an assistant is available.

If classes have wide ranges (more than 3 years) or children with multiple handicaps, maximum enrollment should be appropriately reduced.

IMPLEMENTATION

The Committee supports the position that classes not exceed 10 children and that Assistant Teachers be provided. (I, II)

RECOMMENDATION #90

Maximum enrollment in intermediate educable and trainable, prevocational educable and trainable, and vocational educable and trainable classes, should usually not exceed 12 students or 15 if an assistant is available.

IMPLEMENTATION

The Committee supports the position that no more than 12 children be in such classes and that Assistant Teachers be provided. (I, II)

RECOMMENDATION #91

The maximum age range in any given nursery, primary educable or primary trainable class should, where possible, not exceed three years. (I)

RECOMMENDATION #92

The maximum age range in any given intermediate educable, intermediate trainable, prevocational educable, prevocational trainable, vocational educable and vocational trainable classes should, where possible, not exceed four years.

RECOMMENDATION #93

All curricula for nursery students should be a minimum of three hours per day, excluding travel time.

Exceptions may be made by the Assistant Superintendent for Social Development, Education and Training for those children who may require a program of reduced length.

RECOMMENDATION #94

The curricula for all other students should be the length of a full school day.

Exceptions may be made by the Assistant Superintendent for Social Development, Education and Training for those children who may require a program of reduced length.

IMPLEMENTATION #91-94

The Committee supports all of these recommendations and urges that they be carried out by the Superintendent's administrative decree. (I)

RECOMMENDATION #95

School facilities should be increased in size and educational and training staff supplemented to accommodate students in smaller classes, as well as, for a longer school day. (Recommendations #89-94)

No additions to old and inadequate existing school buildings are intended by this recommendation.

It is estimated that an increase of between 25% and 33% will be required in the size of the educational and vocational training staff at an approximate annual cost of $250,000-$300,000 for all of the regional centers.

IMPLEMENTATION

The Committee supports the position, but recommends that the increase in staffing should be based on the populations to be served and the programs indicated and not be based on current staffing patterns. (II, III)

RECOMMENDATION #96

Adult education should be provided regularly for all residents above the age of 21, except for special cases, consisting of academic, vocational and social skills commensurate with the residents' interests and level of abilities.

It is estimated that approximately 2,500 adult residents would benefit from adult education at an approximate annual cost of $270,000-$300,000 for staff for all of the regional centers.

IMPLEMENTATION

The number of adults and the funds indicated should be added to proposal 79 where it is more applicable. (II, III)

RECOMMENDATION #97

Curriculum guidelines for the regional centers should be developed by appropriate staff within the Department of Mental Health and the Department of Education.

IMPLEMENTATION

The Committee is in full support. (II)

RECOMMENDATION #98

The Assistant Superintendent for Social Development, Education and Training should convene and be responsible for the ongoing meeting of curriculum study groups at each of the regional centers, to help determine the most appropriate content and the most effective methods for assessing and imparting academic, vocational and social skills.

One focus of curriculum study groups should be to help teachers to work with the increasing number of severely retarded residents.

IMPLEMENTATION

The Committee is in full support. (I)

RECOMMENDATION #99

Regular case conferences about individual children should be conducted by all staff persons who have an interest in and knowledge about the child being discussed. The child's current teacher and ward personnel should be included.

Outside consultants should be invited to deal with certain specific issues and problems.

IMPLEMENTATION

The word "yearly" should be added to the recommendation thereby calling for "regular yearly case conferences". (I)

RECOMMENDATION #100

Certified school psychologists should be included on the educational staff of each regional center to work directly with pupils, teachers and administrators and to participate in educational research. (II)

One school psychologist is needed per regional center at an annual cost of approximately $40,000 for the four regional centers.

RECOMMENDATION #101

Funds should be available for each regional center to hire substitute teachers when regular teachers are ill, or are participating in curriculum study groups, case conferences on children, working with students on the wards and attending special conferences and institutes.

About 15 substitute teachers would be needed by the four regional centers at an approximate annual cost of $100,000 (III)

IMPLEMENTATION

Recommendation 100 and 101 meet with the Committee's approval.

RECOMMENDATION #102

A job category for the following special subject teachers should be established at each of the regional centers according to the following approximate teacher-pupil ratios based on the school age enrollment (ages 6-21).

Art	1:150
Home Economics	1:150
Industrial Arts	1:150
Music	1:300
Physical Education	1:150
Language	1:75
Speech	1:75
Reading	1:75

On the basis of present school enrollment at the regional centers (1,667), 120 special subject teachers and therapists are needed at an approximate annual cost of $600,000 for all state schools.

IMPLEMENTATION

It was agreed that the ratio listed should apply to current institution populations; also, priorities were suggested within this proposal in the following rank order. 1) Speech; 2) Language; 3) Physical Education; 4) Music. It was suggested that Music as noted be interpreted to include music as a subject as well as music as a therapy. Job classification 13 was offered for this new position. (I, III)

RECOMMENDATION #103

Vocational potential and future training requirements for academic, vocational and social skills of all residents should be evaluated by a multidisciplinary team when residents are about 12 years old and periodically thereafter (see #78).

IMPLEMENTATION

Recommendation 103 meets with the Committee's full approval. (I, III)

RECOMMENDATION #104

School-work programs should be expanded to provide realistic work experiences within the regional center for younger residents while they are still attending school.

IMPLEMENTATION

Age 12 was suggested as the beginning year for this program. (I)

RECOMMENDATION #105

The Assistant Superintendent for Social Development, Education and Training and the Assistant Superintendent for Management should coordinate the educational and vocational programs, as well as the placement and follow-up of the residents among the school department, vocational training department, social service department, and the Massachusetts Rehabilitation Commission.

IMPLEMENTATION

Add Director of Employment Security as well as appropriate voluntary and private agencies and facilities interested or available were they enlisted. (I, II)

RECOMMENDATION #106

Every regional center should actively promote affiliations with colleges and universities for the development and expansion of student-teacher training programs, inservice training of teaching staff and other personnel, consultation and collaborative research in curriculum content, teaching methods and teaching aids which will be effective in working with more severely retarded residents.

IMPLEMENTATION

Fully supported. (I, II)

RECOMMENDATION #107

An allocation of an average of $750 per classroom should be budgeted annually for consumable supplies and equipment.

IMPLEMENTATION

Important to budget funds yearly for this purpose as well as inform the department heads as to budget allocated. (II)

RECOMMENDATION #108

A committee composed of representatives from the unions, professional associations, and the departments involved should participate in the review if job specifications of all personnel at the regional centers and recommend appropriate changes to the Division of Personnel and Standardization based on the effect of newly created job slots and changes in the educational and vocational goals for many of the residents.

IMPLEMENTATION

Need to establish a Sub-Committee on Manpower was proposed to implement this recommendation. (I)

RECOMMENDATION #109

Specific salary increments should be provided for those teachers and training personnel who have completed advanced graduate work, as is the case in public schools.

IMPLEMENTATION

MTA recommendations ought to be used as guidelines for this purpose. (III)

RECOMMENDATION #110

All education and training personnel with appropriate experience in public or private schools in Massachusetts and in other states, should receive credit for such experience and be placed at the appropriate position of the salary schedule.

IMPLEMENTATION

Supervisory level staff need to also be included here. (I)

RECOMMENDATION #111

Classroom teachers at the regional centers should be certified in special education by the Bureau of Teacher Certification and Placement. Special subject teachers should be certified in their special subjects and be encouraged to increase their professional background in retardation.

IMPLEMENTATION

Need exists to revise all job specifications in light of critical shortages in all these areas. Recognition of the children and adults to be taught in community schools and residential centers should note educational and training needs of both populations which will probably be different. Certification needs to consider these differences. Joint arrangements for certification by the DMH and Department of Education may be useful. (I)

RECOMMENDATION #112

The State Department of Education should assume responsibility for the certification of institutional school teachers and through the Bureau of Special Education, should provide consultation services, and resource information on curriculum, texts and training aids. Four additional senior supervisors would be required to carry out the intent of this recommendation at an additional annual cost of approximately $40,000.

IMPLEMENTATION

Accepted and supported as presented. (III)

RECOMMENDATION #113

Clerical services should be provided to administrative, line or consultative staff who have responsibilities in the areas of education and vocational training, to enable them to give more of their time to direct educational and training tasks.

IMPLEMENTATION

Accepted as presented. (I)

RECOMMENDATION #114

A centrally located school building is needed at the Paul A. Dever regional center to replace school facilities presently distributed in a number of different buildings presenting many educational and administrative problems. This building should include facilities for a library and a gymnasium, an audio-visual and science center and specialized areas for homemaking and industrial arts and provision for psychological, speech and hearing services.

IMPLEMENTATION

Has been approved. (III)

RECOMMENDATION #127

The Legislative Commission on Mental Retardation in collaboration with the Office of Retardation and officials of state health, education and welfare agencies should undertake a study of grade and salary classifications and job descriptions of personnel working with retarded persons in all agencies of the Commonwealth.

RECOMMENDATION #128

New positions recommended in this report for residential and educational programs should be implemented as soon as possible.

IMPLEMENTATION

Recommendations 127 and 128 accepted as presented. (III)

A PROPOSAL TO ESTABLISH A PERMANENT COMMITTEE ON IMPLEMENTATION

The Committee recommends to the Assistant Commissioner that after it is discharged, that there be serious consideration given to the establishment of a Committee To Improve Residential Schools and Centers For The Mentally Retarded.

It is proposed that approximately half the existing Committee be appointed with such additional persons from organized labor, central administration and Miss Fraser's office and others as may be needed.

It is further suggested that the representatives on the new Committee be designated by the Superintendent of State Schools and Directors of Centers as the liaison person to their respective facility. It is thought that these facilities will wish to establish their own internal method of implementation and might appoint a Committee for this purpose representing Heads of Departments and others involved.

We suggest that the Chairman of such a Committee be the appointee to the Statewide Implementation Committee and that the Statewide Committee act as resource and consultant to Superintendents and Directors of the facilities involved.

Most of the recommendations in this document can be effectively implemented within the State School administrative structure. The key persons to be involved will be the Superintendent and his or her administrative team, including department heads and unit team supervisors, as well as, the direct care personnel who deal with the resident the majority of the working day so the attendant, LPN and other ward and unit personnel have equal importance in thisoverall plan to improve patient care.

It is therefore recommended that the voices of the attendant and LPN both be heard on the implementation teams.

"THE GRASS IS LONGER IN THE BACKYARD"

(Epilogue)

The Committee assumes its right to perform the function assigned to it by Assistant Commissioner Blatt and the Massachusetts Department of Mental Health.

Included in this assigned responsibility was the following statement:

> "to be bold, innovative, and also to propose realistic program changes that would enable every patient to obtain a needed program or service..."

In line with this responsibility, we strongly support the need for basic changes in the concepts of services and training as now established within our State facilities for the mentally retarded. We agree with the scope of the task before us and the tremendous amount of adjustment of employees and their roles. This problem, however, is not within the assignment of this Committee. It is mentioned merely to signify our understanding that as changes are suggested, it will certainly create problems of adjustment in all related areas.

The Committee must still fulfill its responsibility to speak out for changes that will undoubtedly be dramatic; not because we want them to be dramatic, but because changes in basic approaches to programming for the individual are so badly needed. The Recommendations discussed in this report have established many of the concerns of the Committee as it developed its ideas. In addition, this Committee recommends considerable expansion of socialization, recreation, therapeutic, and vocational training programming. Requirements for such personnel as occupational therapists, recreational therapists, vocational instructors, and related therapeutic and counseling staff, have not been defined in the original report.

Perhaps it is also appropriate to again mention one of the more important Recommendations included in our discussions. The establishment of "functional units" within the existing facilities appears as the most outstanding need that can be planned and instituted immediately. It is necessary for the Department of Mental Health to actively identify themselves with this basic change in the orientation and program within residential facilities. It is then equally important that the staff positions related to this "functional unit" concept be allocated and that Unit Directors be assigned for supervision and responsibility of the programming within these units.

Often we find those who attend the "convention" as the group supporting the findings of the "platform". Often, as we attend meetings, we wish others could have joined us and come to the same understandings. During the candid discussions of opinions and problems as

Continuation - Epilogue

the work of this Committee progressed, all of the members gained a greater insight into the interralationships, but also the uniqueness of the situations within each of the facilities for the mentally retarded. Frustration, all too typical in the field of mental retardation, was especially apparent among the Committee members. So much of what is seen as entirely possible to accomplish, is so often lost in the administrative structure. The Committee does not question the need for structure, but it questions why a certain structure is maintained when the cost is so great in both dollars and cents and in human potentiality.

To be mentally retarded is not necessarily to be "sick". To be mentally retarded is not necessarily to be any one thing. To be mentally retarded does mean that an individual requires specialized services and training. To be mentally retarded does, all too often, mean that we deny the individual those human and legal rights which he is unable to compete for adequately. Only when we do provide total and comprehensive training and care can we expect to reap the contribution which the mentally retarded individual can give to his society. As individuals, they have consistently proven their worth and have established their economic and personal value to our society. It is for us to recognize, accept and then deal properly with this fact.

APPENDIX "A"

August 29, 1968

TO: William A. Fraenkel, Ph.D., Committee Chairman

FROM:Walter A. White, Director of Educ. & Trng., Wrentham State School

The following is a suggested job description which might be helpful to committee members in developing a final recommendation on the position of Assistant Superintendent of Social Development, Education and Training.

The wording and format have been liberally excerpt from an examination notice published by the Mass. Civil Service for the position of Assistant Director of Mental Rehabilitation Center, Division of Mental Retardation, State Department of Mental Health.

Job Title: Assistant Superintendent for Social Development, Education and Training of a State School or Regional Center for the Mentally Retarded.

Salary: The minimum salary is $291.30 a week; the maximum salary is $369.60 a week (Salary Grade 27).

Duties: To function as Administrative Assistant to the Superintendent in all matters relating to Social Development, Education and Training within State School or Regional Center; to supervise, coordinate and develop planning for rehabilitative treatment and training programs within a State School or Regional Center for the Mentally Retarded; to provide direct supervision of Unit Directors of the Children, adolescent and adult units within State facilities and to coordinate their activities and programs with all staff departments which provide educational, training, psycho-social and related rehabilitation services; to maintain an overview of all services and programs established to provide for the education, training and social development of resident and day trainees; to develop and coordinate procedures which provide for comprehensive initial evaluations and periodic reevaluations, development of adequate recording and case records, and periodic staff review of all trainees; to plan and supervise activities including the development of educational and therapeutic materials and methods appropriate to the practical needs of trainees who are mentally retarded and having a wide range of personal, social, learning and vocational limitations; to develop and supervise integration of services and programming within such a facility with available community resources and to expand all services which can appropriately be applied to community agencies and mentally retarded individuals residing within the community; to prepare and supervise inservice training programs for all personnel involved in social development and education and training functions.

Continuation - "A"

The following are required: Thorough knowledge of the organization, administration and operation of a State School or Regional Center for the Mentally Retarded; thorough knowledge of the principles involved in rehabilitation of the mentally retarded with an adequate understanding of the application of new developments and techniques in this field; ability to provide supervision and support to all related departments, so as to insure interdisciplinary team effort in planning and programming for resident and day trainees, such as Director of Education and Training, academic and special classes, occupational therapy, recreation therapy, rehabilitation services, psychology, social service and cottage life staff.

Entrance Requirements: Applicant must have (a) at least ten years of full-time paid professional experience in a recognized center or agency for the treatment and rehabilitation of the mentally retarded of which (b) at least four years must have been as an administrator or director in a rehabilitation program for the mentally retarded involving coordination of the education and training services (no substitutions). A bachelor's degree from a recognized school may be substituted for four years of the required (a) experience; Graduate study in Clinical Psychology, Counseling Psychology, Rehabilitation Counseling, Education, Rehabilitation Nursing, or Social Work may be substituted for (a) experience on a basis of one year credit for each year of full-time graduate study.

APPENDIX "B"

Summary Listing of Major Categories For Implementation

RECOMMENDATIONS	CATEGORY
30, 35, 37, 78, 79, 82, 84, 86, 88, 89, 90, 91, 92, 93, 94, 98, 99, 102, 103, 104, 105, 106, 110, 111, 113	I
29, 40, 41, 79, 80, 81, 85, 89, 90, 95, 96, 97, 100, 105, 106, 107	II
29, 31, 34, 39, 80, 81, 83, 86, 87, 95, 96, 101, 102, 103, 109, 112, 114, 127, 128	III

The following call for two levels of implementation:

I, II - 79, 89, 90, 105, 106

I, III - 86, 102, 103

II, III - 29, 81, 95, 96